







Applicant(s):

Jeffrey W. Small

Docket:

30566.86US01

Title:

MULTIPLE OUTPUT DEVICE ASSOCIATION

CERTIFICATE OF MAILING UNDER 37 CFR 1.10

'Express Mail' mailing label number: EL307939348US

Date of Deposit: January 18, 2000

I hereby certify that this paper or fee is being deposited with the United States Postal Service 'Express Mail Post Office To Addressee' service under 37 CFR 1.10 and is addressed to the Assistant Commissioner for Patents, Washington, D.C.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Suzie McCleave

BOX PATENT APPLICATION

Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Transmittal sheet, in duplicate, containing Certificate Of Mailing Under 37 CFR 1.10.

Utility Patent Application: Spec. 46 pgs; 34 claims; Abstract 1 pg(s).

The fee has been calculated as shown below in the "Claims as Filed" table.

12 sheets of Drawings

A signed Combined Declaration and Power of Attorney

Assignment of the invention to Autodesk, Inc., Recordation Form Cover Sheet

Our Check No. 30105163 in the amount of \$1,020.00 to cover the Filing Fee

Our Check No. 30105164 for \$40.00 to cover the Assignment Recordation Fee.

Return postcard

CLAIMS AS FILED

| Number of Claims Filed | In Excess of: | Number Extra | | Rate | | Fee |
|--------------------------|---------------|-----------------|---|---------|---|------------|
| Basic Filing Fee | | | | | | \$690.00 |
| Total Claims | | | | | | |
| 34 | 20 | 14 | х | \$18.00 | = | \$252.00 |
| Independent Claims | | | | | | |
| 4 | 3 | 1 | х | \$78.00 | = | \$78.00 |
| MULTIPLE DEPENDENT CLAIR | M FEE | | | | | \$0.00 |
| TOTAL FILING FEE | | - | | | | \$1,020.00 |

Please charge any additional fees or credit overpayment to Deposit Account No. 50-0494. A duplicate of this sheet is enclosed.

Customer Number 22462.

GATES & COOPER

Howard Hughes Center 6701 Center Drive West, Suite 1050 Los Angeles, CA 90045 (310) 641-8797

Name: Nason S. Feldmar

Reg. No.: 39,187 Initials: JSF/sjm